

lapse of thirty-two years, an induration could be traced. The shot, which had entered between the fourth and fifth ribs, fracturing the former, was found imbedded in the substance of the lung, and firmly attached by a pedicle half an inch long, condensed lung, and cellular membrane, to the inner surface of the third rib, just at the junction of the osseous and cartilaginous portions; although the fingers could be passed under it, it could only be separated by the knife. A doubt was expressed by a gentleman present, whether the ball had not been situate exterior to the lungs; but on removing the lung itself out of the body, before exposing the ball, it was satisfactorily shown, by dissection, to my medical friends, Dr. Soltan, Mr. Square, and Mr. Eccles, that it was completely surrounded by the substance of the lung, being contained in a sac so closely in contact with it, that it was difficult to remove the ball when half exposed by incision. There was no serous effusion in this cavity of the chest, the lower two-thirds of which were occupied by the diaphragm, which rose as high as the fifth rib, (in the inclined position of the body,) pressed upwards to such an extent, that on making an incision from above into the convex part of the diaphragm, the knife, instead of exposing the posterior edge of the liver, disclosed the large intestines: thus we were enabled to account for the inclination of the head towards the left side of the body, instead of the right, as in ordinary cases.

Reflecting on the sensation produced during life, of the ball being situated low down in the chest, search was now made for any other foreign body* that might, by possibility, have lodged there; but every part of this locality was found of a healthy character,—consequently an operation on this part, with a view to extract the ball, would have been utterly fruitless, and probably attended with a fatal result. The fact may, perhaps, be accounted for, on the supposition of some reflex nervous action, or from irritation of the phrenic nerve in its course over the lung, which, at the upper part of the chest, was firmly adherent to the mediastinum.

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38. *On the employment of Iodide of Potassium in the treatment of Syphilis.*—This recently formed the subject for which the Paris Society of Medicine offered its gold medal. M. Gibert was appointed to report upon the merits of the competitors, and he awarded the medal to M. Payan, of Aix, recommending, at the same time, a silver medal for an essay by M. Bassereau. M. Gibert's Report and M. Payan's Essay are both published in the *Revue Médicale*.

M. Bassereau's paper is chiefly valuable as containing an ample detail of M. Ricord's experience in the use of iodine, he having been one of those who have employed it most extensively. According to M. Ricord there is but one *primary* symptom, chancre; and the shorter the duration of this is rendered, either by an early resort to caustic, or a later employment of mercury, the less are secondary symptoms to be feared. Secondary syphilis may be divided into two epochs. During the first, *secondary* syphilis properly so called, those of a superficial character chiefly occur, such as exanthematous eruptions, patches on the mucous membranes, and superficial ulcerations at the mucous orifices. The deeper-seated symptoms, which occur later, such as deep-seated tubercle and serpigino ulceration of the skin, deep ulcer of the fauces, periostitis, &c., are termed *tertiary*. Between these two classes there is found a mixed or *transition* series, comprehending certain of the pustular and tubercular syphilides, venereal sarcocele, &c. For the primary symptoms, mercurials; for the secondary and transition periods mercury, either alone or combined with iodine; and, in the tertiary period, the iodide alone; are the means recommended by M. Ricord.

M. Gibert takes the opportunity of expressing the opinion which a long em-

* "In a case of duel at Exeter, some years ago, in which a promising young physician lost his life, it was found that a pebble-stone had been carried into the same wound, together with the ball, the latter having first struck the ground. Dr. Hennen mentions an instance, where, in the action at Burgos, a serjeant was wounded by a ball in the temple, which had also carried with it, into the same wound, a tooth belonging to a soldier who stood before him."—*Military Surgery*, p. 86.

ployment of this remedy has enabled him to form. 1. The iodide incontestably merits the reputation it has gained as an anti-syphilitic. 2. It may be given in a variety of fluids, but is best administered in distilled water with a little syrup: the quantity varying from 15 to 30 grains per diem, taken in two doses. 3. It succeeds alone in cases of secondary and tertiary syphilis. 4. Its harmlessness renders it especially valuable in syphilitic cachexia, also for women, children, the delicate and feeble. 5. As being more certain and efficacious, and as innocent, Mr. G. prefers the *sirop de deuto-iodure-ioduré*, i. e., iodide of potassium in combination with bi-iodide of mercury. 6. Iodide of potassium is the remedy *par excellence* in those cases in which mercurials fail, while reciprocally these will cure cases which resist iodine.

M. Payan's Essay is the most elaborate exposition of the advantages of iodine we have yet met with; illustrated, as it is abundantly, not only by cases which have occurred to the author, but by reference to a great number of others which have already been published. He passes the various preparations of iodine which have been recommended under review, and considers that the *iodide of potassium* is in every respect the one to which preference should be given. Its *easy solubility* allows of its being administered at any degree of strength, and in almost any vehicle or combination. It is not *irritating* like iodine and so many of its compounds are, and never gives rise to the accidents which they do, even when given at the extreme ages of life. It never induces *marasmus* or *wasting* of organs or tissues, like iodine frequently does: acting instead as a corroborative or tonic, although at the same time it exerts a remarkable resolvent effect upon pathological productions. If iodine has of late years been successfully employed in a variety of morbid conditions, against which it was formerly pronounced inoperative, this is entirely due to this form of it being substituted for those formerly in use. M. Payan does not approve of the association of iodine with the iodide.

Mode of administration.—Dr. Wallace, of Dublin, (the first practitioner who employed this drug in syphilis to any great extent, and whose clinical lecture in the *Lancet*, March, 1836, is frequently quoted from by M. Payan) dissolved ʒij of the salt in 8 oz. of water, and gave the patient a tablespoonful four times a day. M. Ricord, a great authority upon this subject, considers that most cases require about 21 grains per diem as a minimum, divided into three doses. Four or five days after, this dose is gradually increased until double the quantity is taken, which for most cases suffice, although some few may require the maximum, a drachm and a half per diem. M. Ricord, for patients who can afford it, prescribes also syrup. sarsaparilla 500 parts, iod. pot. 16 pts. M. Lisfranc commences with 15 grains per diem, and gradually increases the dose until sometimes as much as 120 grs. are taken—the medium quantity being from 45 to 60. M. Payan gives the medicine in a *tisane*, or if the patient can afford it, in sarsaparilla. If there are any hypersthenic symptoms, he commences with 8 grs. per diem, and otherwise with 12 or 15, increasing the dose by four grains every few days, until from 30 to 40 grains are reached, beyond which he seldom proceeds. The entire quantity which may be required for the cure of the disease varies much in different persons, some requiring very strong doses, and others being cured just as quickly by very moderate ones. The medicine will be usually required for from one to two months, for the cure of primary symptoms: from two to three for secondary syphilis, and from two to four for tertiary symptoms. If the medicine is given in *pills*, it gives rise to very severe griping, which it never does in solution. When the stomach is very irritable, it may be given in an *clyster*.

The author first demonstrates, from his own and others' observations, the immense utility of this drug in *tertiary syphilis*. This class of cases is precisely the one in which mercury has been often found of so little avail, or even to lead to exacerbation of the evil; so that many persons have been accustomed even to attribute the existence of the symptoms to its use. It is evident that a long continuance of the syphilitic diseases impoverishes the system, producing pallor, wasting, &c.; and yet we give one of the most hyposthenic of remedies, possessing the power of attenuating the blood, and diminishing its plasticity. How often have practitioners regretted the absence of a remedy combining the power of a specific and a reparative or tonic! The iodide accomplishes these purposes in the most effectual manner; and very remarkable it is, that while mercury is less

efficacious in proportion to the inveteracy of the disease, the rapidity and completeness of the operation of iodine is proportionate to the prior long-continuance of the disease. "For those who might charge us with exaggeration in our appreciation of this invaluable medicine, we may refer to its success in the obstinate cases we have detailed. We have seen it almost instantly arrest the course of the disease; relieve and cure those dreadful pains in the bones which had caused so much misery; disperse exostoses, periostoses, and those gummy tumours which had offered such resistance; cicatrize those terrible, gnawing ulcers; triumph over muscular contractions, and cases of caries and necrosis heretofore attended with such terrible consequences: and, in fact, cause, the disappearance of those diatheses which were formerly deemed utterly incurable, the grave holding out the only prospect of escape from them. If, again, we consider that the progress towards cure has always proceeded with unhoped-for rapidity; that the medicine is in itself harmless and exempt from the inconveniences which make so many patients dread mercury, we shall feel less surprise at so favourable an opinion being given. 'I am so persuaded of the efficacy of iodine in tertiary syphilis,' observes M. Ricord, 'that I hesitate not to propose it as a specific in such cases, while it may act as a prophylactic against such, after we have dissipated the secondary symptoms by the aid of mercury.'"

Although most practitioners allow the vast efficacy of this medicine in *tertiary* syphilis, greater discrepancy of opinion prevails as to its utility in *secondary* syphilis. M. Payan, however, quotes many cases in its favour, and thus sums up. 1. That, even as regards secondary syphilis, the iod. pot. should be reputed an anti-syphilitic. 2. That it is especially useful in the syphilides. 3. That the longer secondary symptoms have existed, i. e., the nearer they approach the category of the tertiary ones, the more obedient are they to the action of this remedy. 4. That this medicine should be especially resorted to when the symptoms have resisted mercury judiciously administered. 5. That we should even commence with it when from the age of the symptoms we judge them removable by mercury but with great difficulty, or when the debilitated state of the constitution indicates the necessity of reparation. Many cases which have partaken of the character of secondary and tertiary symptoms have benefited by conjoining with the mercurials decoction of sarsaparilla containing the iodide. It would be unjust to deny the anti-syphilitic powers of the iodide, because in some cases of secondary or other syphilis it proves inefficacious; for mercury itself, in stages of the disease wherein its beneficial agency is unquestionable, sometimes fails also.

For exemplification of the utility of the iodide in *primary syphilis*, M. Payan is obliged to rely almost exclusively on the evidence his own cases afford, few practitioners having employed it in this stage. He, however, has since 1842 made experiments upon this point, furnishing, he states, highly favourable results. Fifteen of these cases he relates, almost all consisting of indurated chancres, taken, however, unselected, from among the patients who offered themselves to his notice. He concludes—1. That, even in primary syphilis, iodine should not be considered as destitute of anti-syphilitic properties. 2. That it has been found useful sometimes in continuing a treatment commenced with mercury, at others as an exclusive means of treatment. 3. That therefore, without pretending to declare it should, in the generality of primary symptoms, be preferred to mercurial preparations, the efficacy of which every day's experience testifies, yet there are cases in which it may be highly serviceable. 4. That in cases in which the primary symptoms resist the action of mercury, the substitution of, or the addition of the iodide to the mercury operates as a cure more rapidly than any other succedaneum. 5. There are cases in which we should prefer the use of the iodide to mercury, as when the symptoms have an indolent character, or are connected with a marked hyposthenic condition.—*Med. Chirurg. Rev.*, Jan., 1847, from *Revue Médicale*, tom. ii. for 1846.

39. *Application of ice in the treatment of injuries.*—The application of ice to a great proportion of severe wounds, is the established practice of several of the most respected French surgeons.

In the Hôpital St. Louis, burns are treated in this way, and its application in